

**ON THE JOB TRAINING RECORD  
CONTINUATION SHEET**

On \_\_\_\_\_, a **12-Month Evaluation** was conducted on \_\_\_\_\_.

The OA Flight Chief CJQS 8R000-004 dated 01 Oct 02 was used as a guide and the flight chief was evaluated as follows:

**INSTRUCTIONS:** Identify any tasks not closed out at the 8-month evaluation below. Any task identified by an \* rated UNSATISFACTORY will result in the entire evaluation being rated UNSATISFACTORY. Validate the flight chief CAN PERFORM each task through OBSERVATION.

**RATINGS:**

**S** = Satisfactory level indicates trainee can do all parts of the task, needs only spot check to complete work, and meets local demands for speed and accuracy while meeting production requirements.

**U** = Unsatisfactory level means the trainee is unable to do simple parts and needs to be shown how to do most of the task.

**TASKS CARRIED OVER FROM 8-MONTH EVALUATION (If any)**

RATING:

\_\_\_\_\_ Task #: \_\_\_\_\_

\_\_\_\_\_ Task #: \_\_\_\_\_

\_\_\_\_\_ Task #: \_\_\_\_\_

RATING:

\_\_\_\_\_ Task #: \_\_\_\_\_

\_\_\_\_\_ Task #: \_\_\_\_\_

\_\_\_\_\_ Task #: \_\_\_\_\_

RATING:

\_\_\_\_\_ Task #: \_\_\_\_\_

\_\_\_\_\_ Task #: \_\_\_\_\_

\_\_\_\_\_ Task #: \_\_\_\_\_

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**3. TRAINING**

\* (    ) 3.1. Demonstrates how to explain time phasing of the recruiter transition program and how to conduct initial critical task training with newly assigned recruiters.

\* (    ) 3.4. Demonstrates how to conduct training evaluations (4, 8, and 12 month if required).

\* (    ) 3.9. Demonstrates how to document, update, and review civilian personnel record for accuracy and understands intervals for CPO review.

**OVERALL RATING: SATISFACTORY / UNSATISFACTORY** (circle one). If Unsatisfactory, you must request a 30 day training extension (Approved by Group CC) and develop a training plan by task and subtasks requiring training. Strengths and weaknesses must be identified in relationship to tasks and subtasks. For example: Good at closing sales, establishing rapport, etc., as opposed to great attitude, nice person.

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**I RECOMMEND / DO NOT RECOMMEND** (circle one) this flight chief for certification at this time. If not recommended, I request a 30-day training extension.

LAST NAME - FIRST NAME - MIDDLE INITIAL

**ON THE JOB TRAINING RECORD  
CONTINUATION SHEET**

**12 – Month Evaluation Continued**

**STRENGTHS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WEAKNESSES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLAN TO CORRECT TRAINING DEFICIENCIES:** (Must be task and subtask related, Ex: Task 2(a)(1), etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this evaluation is rated **SATISFACTORY** and the flight chief is non-ATB, justify your rating:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ Evaluator Rank/Name/Signature	_____ (Date)	_____ Flight Chief Rank/Name/Signature	_____ (Date)
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**Note: File this evaluation in Tab 2 of AF Fm 623, OJT Record and forward to squadron RST immediately.**

\_\_\_\_\_  
LAST NAME - FIRST NAME - MIDDLE INITIAL

**ON THE JOB TRAINING RECORD  
CONTINUATION SHEET**

**12 – Month Evaluation Continued**

**RST COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SQ RST Rank/Name/Signature \_\_\_\_\_ Date \_\_\_\_\_

**CCU REVIEW/COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CCU Rank/Name/Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Train Track updated \_\_\_\_\_ (Date) \_\_\_\_\_ (Initials)

OPR: HQ AFRS/RSOT—23 JAN 2003

LAST NAME - FIRST NAME - MIDDLE INITIAL \_\_\_\_\_